

APR-18-2013 01:23P FROM: JOHN MUNDING INS

19183583744

TO: 9182931879

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# COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
04/18/2013

<b>AGENCY</b> JOHN MUNDING INS AGCY INC 108-A 1/2 S BROADWAY CLEVELAND, OK 74020		<b>CARRIER</b>		<b>NAIC CODE</b>
<b>CONTACT NAME:</b> SUSAN <b>PHONE (A/C, No, Ext):</b> 918-358-3244 <b>FAX (A/C, No.):</b> 918-358-3744 <b>E-MAIL ADDRESS:</b> mundingins@aol.net <b>CODE:</b> <b>SUB CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>UNDERWRITER:</b> <b>UNDERWRITER OFFICE:</b> <b>POLICIES OR PROGRAM REQUESTED</b> <b>GEN LIAB</b>		<b>POLICY NUMBER</b>
<b>INDICATE SECTIONS ATTACHED</b> <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> BUSINESS AUTO <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> DEALERS <input type="checkbox"/> DRIVER INFO SCHEDULE		<input type="checkbox"/> ELECTRONIC DATA PROC EQUIPMENT FLOATER <input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> OPEN CARGO <input type="checkbox"/> PROPERTY <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> TRUCKERS/MOTOR CARRIER UMBRELLA <input type="checkbox"/> VEHICLE SCHEDULE WORKERS COMPENSATION <input type="checkbox"/> YACHT

<b>STATUS OF TRANSACTION</b> <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM CANCEL		<b>PACKAGE POLICY INFORMATION</b> ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. <table border="1"> <tr> <th>PROPOSED EFF DATE</th> <th>PROPOSED EXP DATE</th> <th>BILLING PLAN</th> <th>PAYMENT PLAN</th> <th>AUDIT</th> </tr> <tr> <td>05/29/2013</td> <td>05/29/2014</td> <td><input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL</td> <td></td> <td></td> </tr> </table>				PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT	05/29/2013	05/29/2014	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT											
05/29/2013	05/29/2014	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL													

<b>APPLICANT INFORMATION</b> NAME (First Named Insured & Other Named Insureds) BENJY D SMITH		MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 4900 BARBADOS AVE SAND SPRINGS, OK 74063	
FEIN OR SOC SEC # (of First Named Insured): Redacted		PHONE (A/C, No, Ext): 918-640-3789	
E-MAIL ADDRESS(ES):		WEB SITE ADDRESS(ES):	
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUBCHAPTER S* CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:
CR BUREAU NAME:		DATE BUS STARTED:	
ID NUMBER:		INSPECTION CONTACT: BENJY D SMITH ACCOUNTING RECORDS CONTACT:	
PHONE (A/C, No, Ext):		E-MAIL ADDRESS:	

PREMISES INFORMATION		ACORD 823 attached for additional premises						
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	VR BUILT	# EMPLOYEES	ANNUAL REVENUE	% OCCUPIED
1	1	4900 BARBADOS SAND SPRINGS, OK 74063	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT		0	75,000 salary	100
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				

<b>NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)</b>  COURIER SERVICE FOR CASE & ASSOC PROPERTY, TULSA, OK  HE PICKS UP VARIOUS RENTAL PROPERTY PAYMENTS (CHECKS, MONEY ORDERS, & LEASE AGREEMENTS, PAPER WORK, ETC) FROM AROUND THE AREA OF TULSA, OK AND DELIVERS TO HEADQUARTERS OF CASE & ASSOC FOR DEPOSIT.  HE ONLY CARRIES ABOUT \$400-\$600 AT ONE TIME, NEVER CARRIES CASH.  <i>We have known Benjy for 6 yrs.</i>
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## GENERAL INFORMATION

AGENCY CUSTOMER ID:

*Berij D. Smith*

## EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?

Y/N

N

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

N

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

N

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

N

4. ANY CATASTROPHE EXPOSURE?

N

5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?

N

6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)  
COMPANY NO LONGER COVERS COURIER SERVICE CODE

Y

7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

N

8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?  
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).

N

9. ANY UNCORRECTED FIRE CODE VIOLATIONS?

N

10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?

N

11. HAS BUSINESS BEEN PLACED IN A TRUST?

N

IF "YES", NAME OF TRUST:

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRY/IES?  
(If "YES", attach ACORD 816 for Liability Exposure and/or ACORD 818 for Property Exposure)

N

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE

*Susan Soutter*

PRODUCER'S NAME (Please Print)

SUSAN SOUTTER

STATE PRODUCER LICENSE NO.  
(Required in Florida)

84949

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER

APR-18-2013 01:24P FROM:JOHN MUNDING INS

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## PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID:

*Benji D. Smith*

LINE	CATEGORY												
GENERAL LIABILITY	CARRIER	NORTH STAR											
	POLICY NUMBER	CG74646											
	POLICY TYPE	CLAIMS	✓	OCCURRENCE	CLAIMS		OCCURRENCE	CLAIMS		OCCURRENCE	CLAIMS		OCCURRENCE
	RETRO DATE												
	EFF-EXP DATE	05/29/2012-05/29/2013											
	GENERAL AGGREGATE	1,000,000											
	PRODUCTS COMP OP AGGREGATE	INCL											
	PERSONAL & ADV INJ	1,000,000											
	EACH OCCURRENCE	1,000,000											
	FIRE DAMAGE	100,000											
	MEDICAL EXPENSE	5,000											
	BODILY INJURY	OCCURRENCE											
		AGGREGATE											
	PROPERTY DAMAGE	OCCURRENCE											
		AGGREGATE											
	COMBINED SINGLE LIMIT												
	MODIFICATION FACTOR												
	TOTAL PREMIUM	\$365.00											
AUTOMOBILE	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY	EA PERSON											
		EA ACCIDENT											
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDING	AMT											
	PERS PROP	AMT											
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	LIMIT												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												

## LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS &amp; NY)

✓ CHK HERE IF NONE

SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLOS

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

## ATTACHMENTS

STATE SUPPLEMENT(S) (if applicable)